

FILED JAN 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

State File No. 43710

IC 169

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|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, mo</u> | | c. LENGTH OF STAY (In this place) <u>90 da.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>51 TOWN Brentwood</u> | | 4571 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>8831 W. Truman</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>William</u> | | b. (Middle) <u>Harold</u> | | c. (Last) <u>DANNER</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u> | | 8. DATE OF BIRTH <u>1-29-1908</u> | |
| 9. AGE (In years last birthday) <u>42</u> | | 10. MONTHS <u>4</u> | | 11. DAYS <u>28</u> | | 12. YEAR <u>50</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | | 11. BIRTHPLACE (State or foreign country) <u>Jackson Tenn</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | | | |
| 13a. FATHER'S NAME <u>Aylmer B Danner</u> | | | | 13b. MOTHER'S MAIDEN NAME <u>Violet Durley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WW 2</u> | | | | 16. SOCIAL SECURITY NO. <u>WW 2</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ellen Danner</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanoma carcinoma to widespread</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis primary</u> DUE TO (c) <u>site unknown</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE-HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>1948</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Aug 29, 1950</u> , to <u>Nov. 28, 1950</u> , that I last saw the deceased alive on <u>Jan 28, 1950</u> , and that death occurred at <u>11 P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert A. Huckstep M.D.</u> | | | | 23b. ADDRESS <u>1755 So. Grand</u> | | 23c. DATE SIGNED <u>11-28-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-30-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St Andrews</u> | | 24d. LOCATION (City, town, or county) (State) <u>Murphysboro Ill</u> | |
| DATE REC'D BY LOCAL REG. <u>NOV 29 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Lussler</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1957
27951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 2912

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.